



Participant Information Form

Personal Information:

First Name: _____ Last Name: _____ Date: _____

Address: _____ Phone :(home) _____ (cell) _____

_____ (work) _____ best contact number H C W

_____ Email: _____

Birthdate: ___/___/___ Age: ___ Occupation: _____

Hobbies/Sports: _____

Current Activity Level: (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10

Emergency Contact Information:

Name: _____ Phone Number(s): _____

Relationship: _____

Medical Information:

Physician's Name: _____ Physician's Phone Number: _____

Does your physician know you are participating in this exercise program?

Yes No

Are you taking any medications or drugs?

Yes No

If yes, please list medication and reason:

1. Medication: _____ Reason: _____

2. Medication: _____ Reason: _____

3. Medication: _____ Reason: _____

4. Medication: _____ Reason: _____

5. Medication: _____ Reason: _____

Do you now, or have you had in the past:

	Yes	No
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
12. Obesity (more than 20% over ideal body weight)	<input type="checkbox"/>	<input type="checkbox"/>
13. Increased blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
14. History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia, or any other condition that may be aggravated by lifting weights	<input type="checkbox"/>	<input type="checkbox"/>
16. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers: _____

Describe any physical activity that you currently do somewhat regularly: _____

Describe your past exercise history: _____

List your injury and/or surgery history (if not included above): _____

What goals do you have for your health/fitness? _____

How did you hear about The Fitness Studio? _____

I am aware that at times The Fitness Studio may record or take photos of clients. I give The Fitness Studio permission to use my name, likeness, photos, videotape, and verbal or written statements for promotional materials. _____

Initials

I, _____ (name of participant), acknowledge that I have voluntarily elected to participate in exercise routines operated by The Fitness Studio. I am aware that participation in the routines will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines.

(If participant is a minor) I, _____, the parent or legal guardian of the participant, hereby grant permission to any employees or representatives of The Fitness Studio to authorize and obtain medical care for the participant from any licensed physician, hospital, or medical clinic should the participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment.

I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing The Fitness Studio from any and all claims arising as a result of my participation in the routines.

Date _____

Signature of participant or, if applicable, parent or legal guardian of participant

Print name of participant